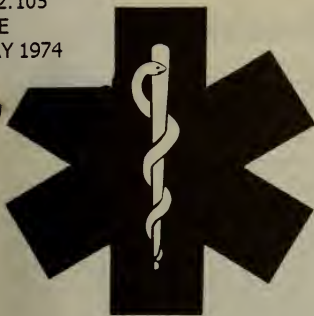


JUN 6 1974



EMS Newsletter

Vol. 1, No. 1

Helena, Montana 59601

May, 1974

Conference Held on Emergency Service

The Governor's Conference on Emergency Medical Services brought together more than 20 Montana organizations and state agencies concerned with health care to deal with Montana's needs in emergency medical services.

The conference, held April 3 and 4 in Helena, was sponsored by the Emergency Medical Services Bureau of the State Department of Health and Environmental Sciences and the Mountain States Regional Medical Program.

Conference participants attended workshops to try to solve problems in such areas as communications, interagency coordination, transportation, training, funding, legal status, hospitals and public information and education.

Recommendations coming out

of the workshops will be printed in a brochure and sent to conference participants later this spring. Recommendations also will be sent to the office of the governor.

Agencies and groups that cooperated in the planning of the conference were: the Trauma Committee of the Montana Chapter of the American College of Surgeons, the American National Red Cross, Civil Defense, the Commission for Nursing and Nursing Education, the Communications Bureau of the State Department of Administration, the Comprehensive Health Planning Division of the State Department of Health and Environmental Sciences, Region VIII Division of Emergency Health Services of the Department of Health, Education and Welfare, the

Emergency Department Nurses Association, the Highway Safety Division of the State Department of Intergovernmental Relations, the Intertribal Policy Board and the United States Public Health Service.

Montana associations cooperating in the presentation of the conference were the Montana Ambulance and EMT-A Association, the Montana Association of Counties, the Montana Heart Association, the Montana Hospital Association, the Montana League of Cities and Towns, the Montana Medical Association Committee on Emergency Medical Services, the Montana Medical Education and Research Foundation, the Montana Nurses' Association and the Montana Nursing Home Association.



Mrs. Joyce Braaten, R.N., conducted the conference workshop on training and education.



Sidney C. Pratt, M.D., director of the Mountain States Regional Medical Program, moderated the conference.



Mrs. Dorothy Eck, State-Local Coordinator in the office of the Governor, conducted the conference workshop on interagency coordination.

MONTANA STATE LIBRARY
930 East Lyndale Avenue
Helena, Montana 59601

Cleveland Gives Views on Upgrading EMS

We have a long way to go toward providing really good emergency medical care, according to Dr. Henry C. Cleveland, keynote speaker at the Governor's Conference on Emergency Medical Services.

Rural areas are especially poorly equipped to handle medical emergencies, Cleveland said. Cleveland is chairman of the Section VIII Trauma Committee in Denver of the American College of Surgeons.

His address before the Governor's Conference, held April 3 and 4 in Helena, dealt with the problems states are having upgrading emergency medical services.

"Rural areas have a much lower rate of survival in the first hour after an accident," he said. "Most of the victims who died were still at the site of the accident in rural areas."

"In urban areas, 37 per cent died while still at the accident site."

Cleveland said one of the most crucial aspects of developing a state's emergency medical services plan is to have a Governor's Council on Emergency Medical Services (EMS) that has a good organizational structure and has clout.

He said a Governor's Council on EMS should coordinate all other agencies involved, should avoid duplication of effort, should develop new concepts and be a central forum for new ideas. It should also oversee planning, he said.

Cleveland described problems in Colorado that Montana so far has avoided: Colorado has two plans for developing an EMS network—one developed by Regional Medical Program and the other developed by the Department of Transportation.

The result, Cleveland said, was a "struggle between agencies" that was "a stupid waste of time."

He said Colorado also suffers from fights over political boundaries since EMS state regions differ from RMP and HEW regions.

Cleveland said to develop a successful plan means forging strong links between local and state agencies and between communities and medical centers.

"You must utilize what is already available," he said.

He said the local hospital must make decisions on primary treatment.

Medical treatment too brings a lot of problems to developing a good EMS network, he said.

"I see a hell of a lot of MD's nurses, Comprehensive Health Planning people and Health Department people saying they're interested but they really aren't doing anything," Cleveland said.

He warned that the volunteers



Henry C. Cleveland, M.D., presented the keynote address at the EMS Conference.

who are the backbone of the EMS networks may pull out of the system, causing it to go "belly up."

Communications Needed

A communications network also is an important factor in the development of EMS, he said.

Developing a statewide communications system "sounds simple" he said, but again can bring some unexpected problems. In Denver, he said, there are two excellent hospitals and a VA hospital that could have worked together on a communications plan.

"They wouldn't even talk to each other," Cleveland said.

He contrasted that situation with another in a rural area which turned out better. The rural area in

Colorado between Grand Junction and Montrose started its own council and developed its own plan with the cooperation of police, fire department and hospital.

"It was one of the happiest moments of my life," Cleveland said, when he saw how well local plans could be developed. A solid EMS plan went into effect aided by \$35,000 in state money and \$20,000 in local funds.

One further problem Cleveland predicted in the area of communications is local communities buying equipment that is not compatible with existing communications systems.

Helicopters

Cleveland had some words of advice about the ever-raging controversy over the use of helicopters.

"I don't think you really need any on a full-time basis," he said, "except for evacuations in emergencies."

Helicopters can work well in urban areas, he said, where there is enough money to supply the \$273,000 a year needed to maintain a helicopter. In urban areas too, he said, it is easier to supply the medical care that must be provided during helicopter trips.

He said some communities have been considering buying military helicopters from Vietnam and re-fitting them for civilian use. Cleveland warned the cost to redo a Huey would run between \$200,000 and \$400,000 and would not be worthwhile.

Problems with EMT

Cleveland showed concern that the Emergency Medical Technician (EMT) training for ambulance attendants and other EMS participants is not standardized and

(Continued on Page 3)

The EMS Newsletter is printed bimonthly in January, March, May, July, September and November at 1424 Ninth Avenue, Helena, Montana 59601 by the Emergency Medical Services Bureau of the Montana Department of Health and Environmental Sciences.

Second class postage applied for at Helena, Montana.

Ambulance Team Demonstrates Rescue Work

Linden Ambulance Service of Helena performed an extrication demonstration during the EMS Conference to show the special techniques needed in modern emergency medical care. Drew Dawson of the Emergency Medical Services Bureau volunteered to be the accident victim.



Left to right, Lloyd Bailey, Mike Roth, Harold Martin and Lloyd Linden of Linden Ambulance Service use a "come-along" to break off the driver's side door to gain access to the victim.



Victim's neck is braced to protect him from further injury during the extrication.



Roth slides backboard behind the victim while another team member supports the victim's upper back.



"Come-along" is used to break back the front car seat. Victim could now be removed through rear car window.



Cleveland Gives Views on Upgrading EMS

(Continued from Page 2)
therefore may not be as good training as it should be.

"Have we really done a good job of this when there is no system to evaluate what they're (EMT's) doing?"

In Colorado, he said, there is a high turnover rate of EMT's especially in urban areas since the pay is "lousy" and there is lack of public support.

"These guys can't get good jobs in hospitals," Cleveland said. "Are the nurses holding the paraprofessionals down?"

He said an important part of strengthening medical services in rural areas is upgrading rural physicians. Cleveland recommended sending nurse practitioners into rural areas to "take

some pressure off the doctor so he can do some reading."

Informing the Public

Getting public support is a crucial part of developing successful EMS networks, Cleveland said.

"Community pride generally decides the quality of medical care," he said. "People in local communities have to be willing to pay for the care they get."

Peer review is another important device in making the general public aware of medical problems.

"We must educate people on what is good care and bad," he said.

The Local Council

Developing a local council that will draw together the resources of a community into an EMS plan

should start with "someone who has had a tragedy through emergency," Cleveland said.

"He'll make the best leader because he understands the problem," he said.

State Level

The state EMS council should oversee the implementing agencies and not be beholden to anybody, Cleveland said.

He said councils should not use all their energies in chasing after federal money because money can be found in other ways.

"Plan for your problem—don't plan for the dough," he said.

The most important point in making an EMS network a reality, Cleveland said, is to have all the disciplines involved in the whole planning process.

Grant Money Available to Montana for EMS

Federal money is now available for the development of local EMS systems, according to Robert Quam, chief of the Emergency Medical Services Bureau of the State Department of Health and Environmental Sciences.

The Emergency Medical Services Systems Act of 1973 made \$185 million available over a three-year period to start up new local EMS programs, to provide planning money and to upgrade existing systems, Quam said.

The federal money may be spent for such things as training, equipment, salaries, rent, remodeling and administrative costs.

Grants may be used to conduct a feasibility study to determine whether an EMS program is needed, Quam said. Money is available to expand existing systems and establish new ones.

Quam said the federal program provides 100 per cent funding in the first year for planning and training programs but that the applicant must indicate how the resulting EMS program will be self-sustaining after the federal money no longer is available.

Grants for new operations and expansion and improvement programs in the first year provide only 50 per cent federal funds, Quam said. But if an applicant can demonstrate an unusual financial need the federal share is 75 per cent.

"It is desirable for people in-

terested in setting up an EMS system to develop a local EMS council first to give the program a home," Quam said.

He said since successful EMS programs require the cooperation of police, fire, local ambulance services, hospitals, civil defense and health professionals, an EMS council can draw together all interested parties into a cohesive, organized and effective group.

Quam said his bureau will review each application to make sure it is compatible with the state EMS plan.

Guidelines from the federal

Department of Health, Education and Welfare state that eligible applicants include: a state; a unit of general local government; a public entity administering a compact or other regional arrangement; an Indian tribe, and any other public entity or nonprofit private entity.

Those interested in applying should write for an application kit to: Robert F. Heggie, Regional Program Director, Emergency Health Services, Department of Health, Education and Welfare—Region VIII, Federal Office Building, 19th & Stout Streets, Denver, Colorado 80202.

Habein Pledges MMA Support

Apathy and lack of understanding of the problems involved in providing good emergency medical care are the conditions that must be fought in order to develop adequate emergency medical care systems.

So said Harold C. Habein, Jr., M.D., chairman of the Montana Committee on Trauma of the American College of Surgeons, at the Governor's Conference on Emergency Medical Services.

Habein said the medical profession in Montana "is vitally interested in this matter of emergency medical services."

"They appreciate the importance of prompt and proper emergency care and transportation and many

have also seen the results of poor care by improperly trained persons," Habein said.

"We believe that these problems (in emergency care) should also receive priority attention by legislators, state and local government and civic leaders and the public in general," he said.

Habein said the Committee on Emergency Medical Services of the Montana Medical Association and the Montana Committee on Trauma of the American College of Surgeons have recommended approval and implementation by the Medical Association of the recently developed state plan for improvement of emergency medical services.

Emergency Medical Service Bureau
State Department of Health
and Environmental Sciences
Helena, Montana 59601



Second class mailing permit
pending at Helena, Montana.

Mrs. Alma Jacobs
Montana State Library
930 East Lyndale
Helena, Montana 59601